

**REQUEST FOR FIREWALL ACCESS  
FORT KNOX CAMPUS AREA NETWORK**

For use of this form, see AR 25-2.

1. ORGANIZATION NAME/LOCATION:	2. IASO NAME/PHONE NO.:	3. SYSTEM NAME, ACRONYM, AND DESCRIPTION:
4. PRIMARY POINT OF CONTACT (Local):	4a. E-MAIL/PHONE NO.:	
5. PRIMARY POINT OF CONTACT (External):	5a. E-MAIL/PHONE NO.:	
6. DURATION OF CONNECTION:  From:                      To:	7. ACCREDITATION INFORMATION ON RECORD:  <input type="checkbox"/> Yes <input type="checkbox"/> No	8. AITR ID NO.:  (Can be found at <a href="https://aitr.us.army.mil">https://aitr.us.army.mil</a> )

9. EXTERNAL CONNECTION(S) REQUIRED: (List the IP address/range of the source (KNOX) and destination devices)			
Source IP	Subnet Mask	Destination IP	Subnet Mask

10. PORTS/PROTOCOLS: (List the ports/protocols required for operation and communication)			
Port	Protocol	Port	Protocol

11. CONNECTION AGREEMENT
<p>The connection requested is required for official government business.</p> <p>Connection to the Fort Knox Campus Area Network constitutes consent to monitoring. Initial and/or periodic vulnerability assessments may be conducted on any connected system.</p> <p>System owner agrees to adhere to all Army and Fort Knox Information Assurance policy.</p> <p>In cases of security violations or uncoordinated reconfigurations affecting the network security posture, the system will be immediately disconnected from the network and the user identified above will be notified.</p> <p>Certification and Acknowledgement:</p>  <div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"><div>ACTIVITY/UNIT INFORMATION ASSURANCE OFFICER (Typed Name)</div><div>SIGNATURE</div></div> <div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"><div>DATE</div><div> </div></div>